

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09786000 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS	
	IND.	DEP.	IND.	DEP.		
1	I				*	
2	I				51	I
3	I				52	I
4	I				53	I
5	I				54	I
6	I				55	I
7	I				56	I
8	I				57	I
9	I				58	I
10	I				59	I
11	I				60	I
12	I				61	I
13	I				62	
14	I				63	I
15	I				64	I
16	I				65	
17	I				66	
18	I				67	
19	I				68	
20	I				69	
21	I				70	
22	I				71	I
23	I				72	
24	I				73	I
25	I				74	I
26					75	I
27					76	I
28	I				77	I
29					78	I
30	I				79	
31	I				80	I
32					81	
33	I				82	I
34					83	
35	I				84	
36	I				85	
37					86	
38	I				87	
39					88	
40	I				89	
41	I				90	
42	I				91	
43	I				92	
44	I				93	
45					94	
46	I				95	
47	I				96	
48	I				97	
49					98	
50					99	
TOTAL IND.					100	
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.	I			
TOTAL DEP.	82	I		
TOTAL CLAIMS	83	I		